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A PROGRESS REPORT

National Native Alcohol and Drug Abuse Program

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NATIONAL NATIVE ALCOHOL AND DRUG ABUSE PROGRAM

A PROGRESS REPORT

**published by the Minister of National
Health and Welfare in cooperation with
the National Native Advisory Council
on Alcohol and Drug Abuse**

**Disponible en français sous le titre
PROGRAMME NATIONAL DE LUTTE CONTRE L'ABUS DE
L'ALCOOL ET DES DROGUES CHEZ LES AUTOCHTONES
UN RAPPORT DE PROGRÈS**



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INTRODUCTION

Native elders, health workers and other community leaders have identified the abuse of alcohol, drugs and other chemicals as the most serious health problem among Indian and Inuit people today. Dependency and abuse cause not only physical and mental illness, but accidental deaths, community breakdown and cultural damage affecting all Native people.

In support of the efforts by Native people to eliminate abuse in their own communities, a permanent program was set up in 1982 by Health and Welfare Canada: the National Native Alcohol and Drug Abuse Program (NNADAP).

This report is about the progress to date of NNADAP. It is for the information of Indian and Inuit people living in Canada, and has been prepared jointly by the Honourable Jake Epp, Minister, Health and Welfare, Canada, and by Mr. Phil Hall, Chairperson of the National Native Advisory Council on Alcohol and Drug Abuse.



Child at pow wow on Manitoulin Island, Ontario

Photo credit Kim Butler

A MESSAGE FROM THE HONOURABLE JAKE EPP

I wish to express my respect and admiration for the efforts and accomplishments of Native people across Canada to put an end to the terrible problem of alcohol and drug abuse in their communities. Considering the accomplishment of Native alcohol and drug abuse workers involved in NNADAP in the program's first two years gives me great confidence that the most destructive force among Indian and Inuit populations will be abated and healthy communities will be restored.

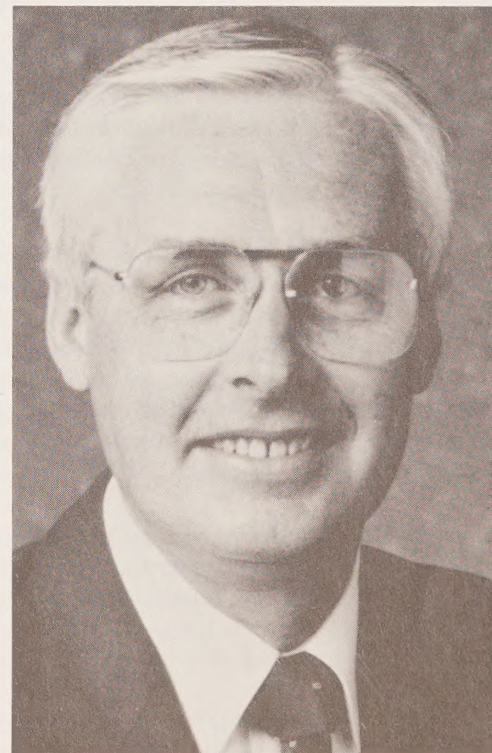
I also wish to express the commitment this government has to NNADAP and to assure all Indian and Inuit people that the funding needed to carry out this important work will be provided.

Alcohol and drug abuse is a condition that takes the lives of Native children and adults everyday in accidents, suicides, homicides and other related illnesses at levels that far exceed death rates of any other group of people in this country. It is a sickness that has been breaking apart Native families and breaking down entire Indian and Inuit communities.

In the pages that follow you will read about what hundreds of Native people have already done and plan to do as they work to make their communities healthier places to live in. You will read about Native operated and controlled Treatment Centres which have been set up and about others that are in the planning stages. You will read about the attempts to meet the special needs of children, adolescents, women and the elderly, as well as many more activities.

I hope you will share my enthusiasm for the strength, spirit and determination that is growing in communities across the country. I believe this will continue to grow, and will realize the common desire for full healthy lives for Native people in this lifetime and for Native generations in the future.

Of course there are still many obstacles to overcome, but we have a growing program. Native people and communities are taking responsibility for it, and this government is committed to supporting these efforts.



A handwritten signature in dark ink, appearing to read 'Jake Epp'.

The Honourable Jake Epp,
Minister National Health and Welfare

A MESSAGE FROM THE NATIONAL NATIVE ADVISORY COUNCIL ON ALCOHOL AND DRUG ABUSE

In the spring of 1982, the Minister of National Health and Welfare established the National Native Advisory Council on Alcohol and Drug Abuse. Representation from all regions of Canada, the major Native organizations, and other federal departments were included. This group was asked to develop policies and offer advice to improve and strengthen the National Native Alcohol and Drug Abuse Program.

Through the dedication and hard work of the members of the Council, there has been progress in commencing a number of activities and working committees. This report contains the highlights of the work undertaken during the past two years.

I extend my sincere appreciation to those who have devoted their time, skills and expertise not only in the operation of this Council, but especially to all community workers and leaders involved in the battle against alcohol and drug abuse. Only Native people themselves have the ability to create their future through their own imagination, determination and self-effort. Meaningful community life will only occur when it is generated and built upon positive thoughts, planning and efforts of the individual communities.

We hope this report will be equally beneficial to the Native community and to the Canadian public, in giving everyone a better understanding of the fight against alcohol and drug abuse.



Phil Hall

Mr. Phil Hall, Chairperson,
National Native Advisory Council on Alcohol and Drug Abuse

Photo credit Andrews-Newton

THE PROBLEM

Hopeful visions of healthy communities have darkened for the last few generations of Indian and Inuit people living in this country. Old and young alike have witnessed the destruction of Native culture and Native lives.

Alcohol and drug abuse has contributed to breaking up Native families; breaking down Native communities; and decaying the cultural values and traditions that provide people with pride in knowing who they are and what binds them together.

Suicide among the entire Indian and Inuit population far exceeds those of other groups living in Canada. And of the Indian and Inuit people who leave life so tragically, most have done so with alcohol or drugs related to their deaths. Perhaps the most sorrowful testimony to this painful problem is the increasing numbers of suicides among the young.

Of all deaths of Indians and Inuit by accident, poisoning or violence, 75 percent are related to alcohol abuse. For every non-native who dies this way in Canada there are five Indian or Inuit deaths.

For every non-native Canadian who dies in accidental fires, there are close to 30 Native lives lost. And of these deaths, 90 percent have alcohol involvement.

These kinds of comparisons become more shocking when we realize the Indian and Inuit population is such a small part of the country's total population (only 1.5 percent).

Death rates among young people linked to alcohol or drug use exceed all others (at 80 percent for young people between 16 and 35 years). There are even reported cases of alcohol, drug, gasoline and solvent abuse among school children five to eight years old.

Babies are sometimes born with physical and mental defects, along with growth and behaviour problems all directly linked to alcohol abuse by mothers during pregnancy. Fetal Alcohol Syndrome is the name given to this problem which has only been properly recognized in the last 10 years. It was previously believed that the developing fetus was not affected by alcohol.

The reasons for high levels of alcohol and drug abuse vary from person to person and from community to community. There are, however, some important factors Native alcohol and drug workers believe contribute to the high levels of abuse and the kinds of substances used.

The decline of traditional activities such as hunting, trapping and fishing is compounded by the inability to provide new forms of economic opportunity in many Native communities. People living in these communities suffer financial hardship, which in turn causes stress and depression. This is particularly true for mothers and fathers of large families, and young people who are trying to begin their own independent adult lives. Sometimes the only option seems to be to leave family, friends and community for other opportunities in cities and towns.

In some provinces only 10 percent of reserve houses have running water and many families live in over-crowded, run-down dwellings. Recreation opportunities and facilities are inadequate, and most reserves are rural and remote with poor access to social services.

The loss of language and traditional ways is confusing the living patterns in communities and causing divisions, as well as individual turmoil. In most communities these changes are happening quickly and people need time to adjust comfortably.

Further contributing to dangerous drinking and drug use patterns is a lack of understanding of the harmful effects combined with pressure from family and friends. When heavy drinking and drug use are commonly accepted in a community, children can adopt the same patterns.

Alcohol and drug abuse is clearly the most destructive force threatening Indian and Inuit life today. It must be stopped, and only Indian and Inuit people, understanding their own unique problems and needs can find the means to accomplish this most difficult and urgent task.



Nemiscau Child

Photo credit Dr. E.S. Rogers

OVERVIEW OF THE PROGRAM

After much consultation with Native community workers and leaders, NNADAP was established in 1982. The program exists to encourage and support Indian and Inuit people in their efforts to overcome alcohol and drug abuse in their own communities.

The Indian and Inuit health policy of Health and Welfare Canada states that health services for Indian and Inuit people should be comparable to the kind, quality and accessibility of those services benefiting all Canadians.

The program today is composed of community projects and programs designed and delivered by Native people in their own communities, with the goal of reaching 90 percent of the Indian and Inuit population over the next few years. There are now more than 340 projects compared to 133 in 1982.

NNADAP has five main parts to it: prevention, treatment, training, research and capital which are explained below.

Prevention

The prevention part of NNADAP is a complex set of activities performed mainly by Native alcohol and drug abuse workers on their own reserves. These workers are usually responsible to their band councils, and depending on their time, experience, abilities and interests they perform any number of prevention activities: helping individuals in the community become more aware of the dangers of abuse; counselling those with abuse or addiction problems; referring those who would like special help to treatment centres and being supportive when they return home. More and more workers are encouraging their community members to become involved in spiritual and cultural activities which help to develop healthy values and more positive self-identity. On most reserves where there is little in the way of recreation facilities, project workers are organizing alternative activities for people of various ages to take part in.

Treatment

For people who need more intensive help with overcoming drinking or drug problems, non-medical treatment centres have been opened in some parts of Canada. Usually a person stays at a treatment centre for about a month, but sometimes longer. Clients receive the help of counsellors in a supportive environment for rehabilitation. Counsellors also work on preparing recovering people for the difficult step of returning home and staying sober. When NNADAP started, eight such Native controlled and operated treatment centres were receiving funds from the program and it is hoped that within the next few years anywhere from 25 to 50 centres will exist depending on the sizes and locations of the facilities.

Training

To ensure that the local alcohol and drug abuse projects, as well as the treatment programs are effective, the project workers, counsellors and program administrators require many skills and much expertise. To accomplish this, training programs are being developed to meet the needs of the people doing these different jobs. Some courses already exist and have been made available to NNADAP workers in each region of the country. One goal of the Training part of the program is to provide about 800 Native people with training by the end of NNADAP's first five years.

Research

There are still many questions which must be answered to help community projects become more effective. Questions about what is the real extent and nature of abuse in different communities; root causes; what substances are being abused among different age groups and different Native populations; how are other economic and social problems related to alcohol and drug abuse; what are the most effective methods for preventing and treating these problems; what is the extent and nature of Fetal Alcohol Syndrome in Native communities; what is the relationship between alcohol and drug use and high suicide rates among the young people.

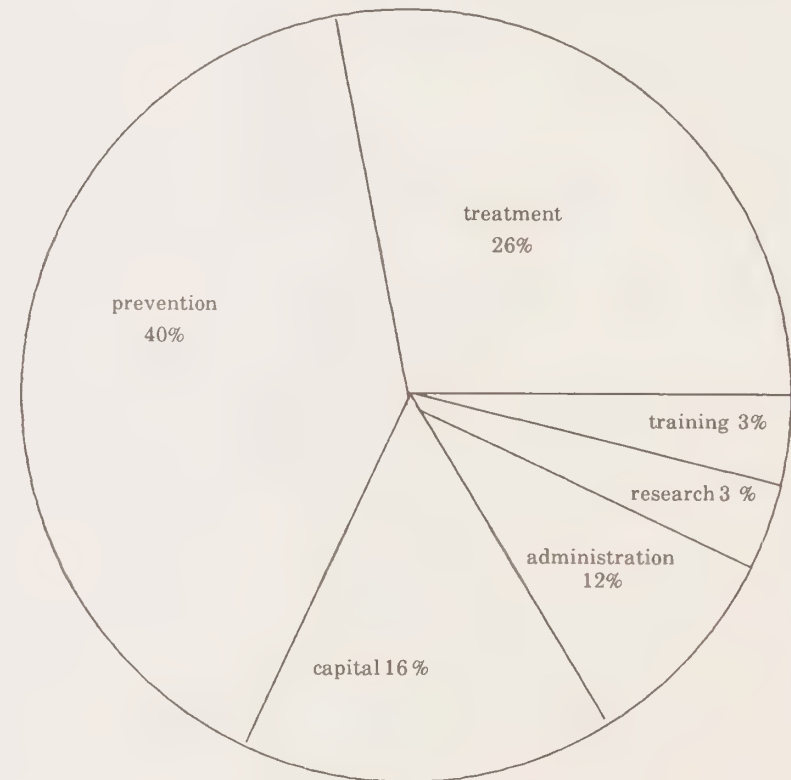
The Research part of the program aims to increase knowledge in these and other areas through the funding of special studies. Research projects now underway include a study on the prevention of family violence; studies on Fetal Alcohol Syndrome; studies on Suicide Prevention; and a study to find out what presentation techniques have the greatest effect on youth.

The purpose of these research studies is to provide better information and understanding so that training can be developed for community workers and that knowledge can be passed on to those who need it most in the community.

Capital

A small amount of money is available to assist in the development of non-medical alcohol and drug abuse treatment facilities. This money goes to constructing or buying and renovating buildings for treatment centres and half-way houses.

This chart illustrates the different program parts of NNADAP and the percentage of the budget allocated to each.



ADVISORY STRUCTURE

Regional Advisory Boards

In each region of the country (Northwest Territories, Yukon, Pacific, Alberta, Saskatchewan, Manitoba, Ontario, Québec and Atlantic) there is a Regional Advisory Board for NNADAP established to advise Health and Welfare Canada on the selection of projects and the allocation of resources. Board members are selected because of their demonstrated interest in solving the problem of alcohol and drug abuse. Comprised mostly of Native people, these boards are responsible for ensuring that decisions taken are sensitive to the needs and priorities of the Indian and Inuit communities they serve. Regional Advisory Boards are also intended to provide an opportunity for consultation with other government agencies.

The National Native Advisory Council on Alcohol and Drug Abuse

The Chairpersons of all the Regional Advisory Boards and members from five national Native associations, form a National Advisory Council which is responsible for advising the Minister on operational policies used by the Program.

The stated purpose of the National Native Advisory Council on Alcohol and Drug Abuse is:

"To Ensure that the National Native Alcohol and Drug Abuse Program is delivered in an effective manner consistent with Indian/Inuit socio-economic and cultural needs and aspirations

including Indian/Inuit Governments principles by initiating policy and providing advice to the Minister of National Health and Welfare."

As well as advising the Minister and Departmental officials, the Council is responsible for planning and allocating the research and development budget of NNADAP. A further responsibility is to serve as a board of appeal in the event that an individual or organization wishes to dispute a decision concerning a project proposal. Special events have been sponsored over the last two years by the Council relating to both research and training. A national symposium on Fetal Alcohol Syndrome was held in Winnipeg in 1983, and in 1984 a special training session was sponsored to help project workers deal with the frightening problem of high suicide rates.

The Council includes representation from each of the Regional Advisory Boards, in order that the concerns of each region can be represented at the national level.

Other Council members include representatives from the Assembly of First Nations, the Inuit Tapirisat of Canada, the Native Women's Association of Canada, the Native Council of Canada, the National Association of Friendship Centres, and non-voting representation from Health and Welfare Canada, the Department of Indian and Northern Affairs, and the Solicitor General.

The Council meets four times a year.



The National Native Advisory Council on Alcohol and Drug Abuse at work in Ottawa, Spring 1984.

COMMUNITY PROJECTS

From as far north as Pond Inlet in the Arctic Circle and from the Atlantic to the Pacific coasts, more than 340 community alcohol and drug abuse projects are now active. The approaches to preventing and treating alcohol and drug abuse are as varied as the communities they serve.

The Beendigen Alcohol Program in Thunder Bay, Ontario, provides a shelter for Native women and their children to stay temporarily when they are threatened by violence in the home, usually caused by drinking. A bush camp outside of Aklavik, N.W.T., runs a treatment centre for teenagers who have found themselves in trouble because of drug use or drinking. Here they learn survival skills and receive counselling until they feel they are ready to handle everyday problems in healthier ways. The Labrador Inuit Association is setting up a program for six isolated Inuit communities along the Labrador Coast. Workers there are planning to use T.V. and radio as part of their program to get the message out to isolated people. Off the south shore of Montreal Island, where about 5,000 Mohawk Indians live, project workers do a lot of counselling with not only the alcohol or drug-troubled person, but with that person's family and friends as well. In Manitoba, the Sagkeeng Alcohol Rehabilitation Centre on the Alexander Reserve provides a live-in treatment program for Native people from all over the province. A worker from the Red Earth Indian Band in Saskatchewan says the project there is putting out a newsletter filled with information about the effects of drinking and drug use.

On Vancouver Island, they are concentrating on getting children and older people from their Nanaimo Band involved in cultural and traditional activities because they believe that when people understand their culture and know who they are, the many problems that cause drinking and drug use will no longer be there and when they start practicing their own customs and cultural ways, which do not include drinking or taking drugs, they will want to stop these unhealthy habits.

Common to almost all the projects is the recognition that children and teenagers are extremely vulnerable but in many cases still young enough to consider other ways of life and entertainment. Most project workers do educational work in the schools or try to organize recreation activities that involve the young in healthy pastimes. Counselling is another activity common to almost every project.

Following are more detailed examples of a few NNADAP projects.



Staff of Rainbow Lodge, Manitoulin Island, Ontario

Photo credit Kim Butler



Ni-Waubun Dahn Centre Worker, Charlie Nelson, Rouseau River, Manitoba

Ni-Waubun-Dahn Centre, Rouseau River, Manitoba

Cultural traditions have returned to the Rouseau River Indian Band's 600 members, living about 81 kms south of Winnipeg, Manitoba. Young people as well as the older band members participate in pow-wows, traditional games and spiritual ceremonies.

The alcohol and drug worker in the community says this means a great deal to the band's elders who have started teaching the young people their history as well as passing on traditional skills. He says that reviving culture and tradition is his way of helping the band find good health and sobriety.

He talks to the school's teachers, to doctors and to nurses about native culture so they can better understand the people they are teaching and treating.

Another counsellor is building an information library with visual aids so that their community information workshops are more interesting and informative. He is also the hockey coach and enjoys organizing sports and recreation activities as healthy alternatives for band members.

Yahti Koe Alcohol Committee, Fort Providence, N.W.T.

Project workers have set up a drug and alcohol program for the Great Slave Lake population of about 450 in Fort Providence, N.W.T. This community is situated where the MacKenzie River meets the Great Slave Lake about 193 kms north of Hay River. People here still follow traditions - trapping and hunting for their livelihood.

The project also provides services to the surrounding communities of Willow Lake, Tathlina Lake and Kaskisa Lake. To keep people in all these communities better informed about the many hazards of

drinking and drug use they have translated English printed information about alcohol and drug abuse into Slave so that more people can benefit from the material.

Counselling is another strong part of the project activities which include school visits and community information events, like film presentations about causes and effects of alcohol and drug abuse.



Left, Yahti Koe Alcohol and Drug Abuse counsellors at work in Fort Providence, N.W.T.

Photo credit Tessa MacIntosh, N.W.T. Government



Right, young hunters cutting Caribou in Fort Providence N.W.T.

Photo credit P. Squirrel, Native Press, Yellowknife, N.W.T.



Staff of Pedahbun Lodge, Toronto, Ontario

Photo credit Chris Robertson

Pedahbun Lodge, Toronto, Ontario

The urban Native population in Toronto is estimated to be anywhere from 15,000 to 40,000. Native people among this large population needing treatment for alcohol or drug problems can go to Pedahbun Lodge on King Street where 14 staff people provide a live-in treatment program that lasts from a month to any longer period depending on the needs of each individual.

Pedahbun is the only facility in Toronto specifically for Native people. Up to 17 people at a time live at the Lodge where they take part in programs designed to help them understand their problems and addictions and how to cope day-to-day in healthier ways.

The Executive Director of the Treatment centre has been working there since it opened in 1976. She says there is an outpatient program now for those who have left the centre but find support and additional counselling helpful in staying sober. Services at the Lodge include job counselling, group therapy, A.A. introduction, social and cultural activities.

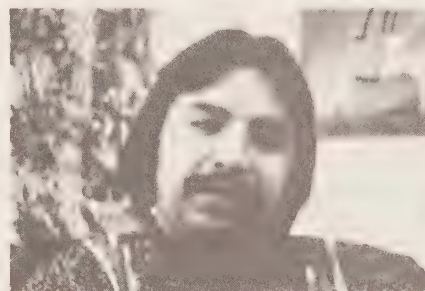
Nechi Institute on Alcohol and Drug Education

Nechi Institute in Edmonton, Alberta, is a Native operated training centre for Native alcohol and drug abuse counsellors. The programs are unique because they are geared to the ways and needs of Native people, reflecting native cultural values, attitudes, traditions and spirituality.

The Centre's Director, says Elders help shape the courses which include training for alcohol and drug workers with experience and those who are just starting to work in this field. Courses cover topics like human relations, community relations, family counselling and individual counselling. Administrative and management courses are also given on subjects like how to spend money wisely; and how to design better services.

There are about four trainers at Nechi and they handle anywhere from 17 to 25 students at a time.

Nechi staff members
Maggie Hodgson (right)
and Victor Haineault (below)



Martha Many Grey Horses (right) and friend share a happy moment at Nechi

THE FUTURE

The task is immense and at times overwhelming. Accomplishments to date are encouraging but we still have a long way to go. NNADAP is only a beginning.

Indian and Inuit alcohol and drug workers must receive the training they need to work most effectively in their communities - developing projects that they know are appropriate for the people living there.

Indian and Inuit people asking for help through treatment centres and half-way houses can no longer be asked to wait because of the lack of facilities. The goal of increasing the number of centres to provide close to 600 more beds within the next three years must be met. (When the program started there were 140 beds.)

When NNADAP Research projects start to find answers to increase knowledge about the nature of abuse among Indian and Inuit people, the projects and programs will become more effective.

Most important is that solutions must come from within. Indian and Inuit people themselves must make the decisions and put into practice the activities that will build success in this effort.

The Alkali Lake Reserve in B.C. was one of zero employment and high alcoholism 10 years ago. Some say there was 95 percent alcoholism there. Today people on the reserve are sober, small local businesses have been established and jobs created. There is great joy and a sense of unity among the people in what they can accomplish together as a community.

Alkali Lake may be exceptional. The people have come so far in so short a time, but it shows us today what Native communities can be like at some time in the future.



Boys from Frobisher Bay
photo credit Alootook Ipelle



(right) Atua Ittukusuk of
Arctic Bay Photo credit
Michelle Morissette

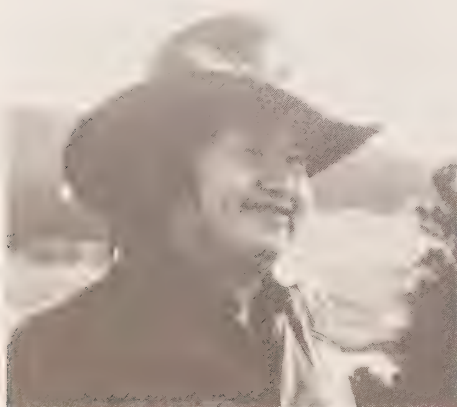


(Above) Taina Ipellie Photo credit Alootook
Ipelle
(Left) Child from Yellowknife NWT
photo credit Lee Selleck Native Press



School class at Alkali Lake, B.C.

"We're all counsellors in a way. This whole community is a treatment centre to us ... once you all know what you want, your unit is strong and you can't break it." **Andy Chelsea former chief Alkali Lake, B.C.**



Arthur Dick, former Chief of Alkali Lake, B.C.

"It's coming back to a stage where things were like they were 100 years ago. We'll be together again as it was before. Where we can do things together and be able to share with one another again." **Arthur Dick former Chief of Alkali Lake Band.**

Right, June Deslisle, Director of Kateri Hospital, Caughnawaga, Québec



"You must persist and you must insist. In my community women have been the forerunners of setting up ... health services, social services, the education services ... These are positive strengths. You have them. Develop them. Use them. You can do so many wonders with them." **June Deslisle, Caughnawaga, Québec.**



Women prepare the fire for Northern Summer Games in Eskimo Point

Photo credit Alooook Ipellie

"We are the leaders ... the people who have got to cure it in our own hearts and minds. We've got to do it in our own communities. And we've got to do it walking and working together." **Art Solomon Native prison worker.**

"I use the cultural activities as a means of sobriety." **Charlie Nelson, Rouseau River, Manitoba.**



Joseph Denny (centre) Executive Director, Nova Scotia Alcohol and Drug Abuse Program
Photo credit Native Communications Society of Nova Scotia

"Each of us has a choice of what direction or path we follow in life. Some of us choose that path that is paved with false promises, one in which on the surface appears to offer an escape from reality; but never really leads anywhere, except to a life of misery and eventual destruction of self and family. Others of us choose to follow a different path, a path that allows us to build on a solid foundation of pride, dignity, self-esteem, and to expand on our social and cultural ideals within the Indian community. It's important to note that no matter which path we choose to follow, we are never so far away from the fork in the road that we can't retrace our steps and make a new beginning." **Joseph Denny, Executive Director, Nova Scotia Alcohol and Drug Abuse Program.**



Young dancer at pow wow on Manitoulin Island, Ontario

Photo credit Kim Butler

"Why do people drink? Why don't we stop all of this nonsense and get back to the way we were without liquor. If you drink or your friends or relatives just imagine everybody is sober and breaking all bottles of liquor and throwing out all beer." **16 year old native boy.**

CONTACTS

For information about NNADAP in your Region:

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ALBERTA REGION

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PACIFIC REGION

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NORTHWEST TERRITORIES REGION

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YUKON REGION

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177 Nepean
Suite 202
OTTAWA, Ontario
K2P 0P4

Resources

For catalogue of available free posters, brochures, buttons and video cassettes, please write to:

Communications Officer
National Native Alcohol and
Drug Abuse Program
Medical Services Branch
Health and Welfare Canada
Room 828
Jeanne Mance Building
Tunney's Pasture
OTTAWA, Ontario
K1A 0L3

